OFFICIAL ABSENTEE BALLOT APPLICATION/CERTIFICATION

Voter: Complete the information below and sign the certification in the presence of a witness who must also sign.

Official Use Only: Affix label here

Date of Election (month, day, year)	County		
Municipality (check type and list name) Town ☐ Village ☐ City ☐ of	Ward #	District (if applicable)	
Name (Last, First, Middle) including suffix		·	
Street Address – include street number or fire number and name of street, or	or rural route and b	oox number	
City, State, Zip			
CERTIFICATION OF VO	TER		CERTIFICATION OF WITNESS
I certify, subject to the penalties of §.12.60(1)(b), Wis. Stats., for false state municipality in the county of the state of Wisconsin indicated above, an indicated above; that I am not voting at any other location in this election polling place in the ward on election day, or I have changed my residence 10 days before the election. I certify that I exhibited the enclosed ballot, un of the witness and in the presence of no other person marked the ballot and a manner that no one but myself and any person providing assistance un could know how I voted. I further certify that I requested this ballot.	d am entitled to v n; that I am unabl within the state fr marked, to the wit d enclosed and seal	to to the ward at the election to the or unwilling to appear at the som one ward to another within the presence the the ballot in this envelope in	I, the undersigned witness, subject to the penalties of §.12.60(1)(b), Wi Stats., for false statements, certify that I am an adult U.S. Citizen and the the above statements are true and the voting procedure was executed a stated. I am not a candidate for any office on the enclosed ballot (except in the case of an incumbent municipal clerk). I did not solicit or advis the voter to vote for or against any candidate or measure.
X			Signature of Witness (who is an adult U.S. Citizen)
Signature of Voter			
I further certify my birth date is (to left) (month/day/year)	oe filled in by milit	ary and overseas voters)	Address of Witness (include street number or fire number and street, or rural route and box number, municipality, state and zip code)
GAB-122cert (5/2010) The information on this form is required by §§6.22(2)(b), (5);	6.24(7), 6.86(1) and 6.	87(2), Wis. Stats.	

FROM:	OFFICIAL ACTION MAIL Authorized by the U.S. Postal Service Authorized by the U.S. Postal Service Authorized by the U.S. Postal Service	
THIS ENVELO	PE TO BE USED BY VOTER FOR RETURN OF MARKED BALLOT TO MUNICIPAL CLERK.	
	OFFICIAL BALLOTING MATERIAL – FIRST CLASS MAIL	
	CLERK SENDING OUT ABSENT VOTER'S BALLOT WILL INSERT HIS/HER OWN OFFICIAL RETURN ADDRESS HERE:	
	TO: •	

(Used for non-military and overseas electors.)